ARTICLE 15

SECTION 1

OTHER HEALTH COVERAGE

1. GENERAL

This section provides information and instructions to the worker for collecting Other Health Coverage (OHC) information, coding it on computer documents and reporting it to SDHS.

2. BACKGROUND

MEM Proc. 15A

Medi-Cal applicants/beneficiaries are required to report and use any OHC to which they are entitled. The Medi-Cal program is designed by law as the payor of last resort for health care services/benefits. Health insurance carriers are obligated to reimburse the Medi-Cal program for the cost of any health care services received by a beneficiary when they are covered under the terms of an insurance policy.

Money collected by Medi-Cal from insurance carriers is used to pay for health care benefits.

3. DESCRIPTION OF OTHER HEALTH COVERAGE (OHC)

A. Description

Other health coverage is any benefit for health related services or entitlements for which a Medi-Cal beneficiary is eligible under any private, group, or government insurance program.

B. Examples of Other Health Coverage

The following list contains examples of policies that provide other health coverage benefits:

1) Dental - Policies that provide dental services only.

2) Cancer Only - Policies that cover medical expenses related to cancer treatment only.

3) ERISA Trusts - Any health insurance that is offered through a trust fund operating under the authority of the U.S. Department of Labor.

4) Health - Policies that cover hospital expenses, surgical expenses, routine medical expenses, or major medical. Life, Automobile, and Burial Insurance are not considered Health Insurance.

5) Hospital - Policies that cover expenses incurred during hospitalization.

6) Indemnity - Policies that pay benefits in the form of cash payments. These benefits are paid directly to the insured not to the provider of services.

7) Medicare Supplemental - Policies that pay the portion of Medicare covered services which Medicare does not pay.

8) Major Medical - Policies that cover medical expenses over and above those expenses covered by a basic medical benefit plan.

9) Prescription - Policies that cover prescribed drugs only.

10) Student Health - Health insurance offered through an educational institution for enrolled students. These cover off-campus medical expenses and are underwritten by a private insurance carrier.

11) Surgical - Policies that cover surgery-related expenses only.

12) Vision - Policies that cover vision-related expenses only.

13) LTC Health Insurance - State certified LTC policies that cover long term care servicers (refer to Article 9, Section 13). ACWDC 94-82

14) Medicare HMO - Enter OHC "F" for individuals who have coverage through Medicare HMO and submit a DHS 6155 to CDHS. If the Medicare HMO is identified by CDHS, there is no need to submit the DHS 6155 but the OHC "F" still needs to be entered. ACWDL #96-26

4. APPLICANT/BENEFICIARY RESPONSIBILITY

A. Report and Verify Any OHC Entitlement MEM 50763 ACWDL #96-58

Applicants/beneficiaries for Medi-Cal are required to report OHC as a condition of eligibility. This requirement applies at application, reapplication or redetermination (if not previously reported), and within 10 calendar days from the date of changes in their OHC. Eligibility cannot be approved or continued if the applicant/beneficiary, who indicates OHC on the Statement of Facts, fails to provide the required health insurance information by completing the Health Insurance Questionnaire (DHS 6155).

Verification

Acceptable verifications of OHC include: MEM 50167

a) Insurance policies which specifically name the applicant;

b) Health benefit identification cards or letters from health care benefit providers;

c) Letters from the Workmen's Compensation Board, employers or insurance companies, for health care benefits available through work related injuries or settlements from prior injuries.

B. The Use of Any OHC Before Using Medi-Cal

Medi-Cal beneficiaries will use any available OHC to pay for health services prior to using Medi-Cal.

C. Reimbursement to CDHS for Any Payment MEM 50771

Beneficiaries are required to reimburse SDHS for any payments received for health care services paid for by Medi-Cal; when the payment received was from a federal or state program; or from a legal or contractual entitlement.

See Article 15, Section 3 for instructions on reimbursement of payment(s) received.

5. COUNTY RESPONSIBILITY MEM 50765

The worker is responsible for identifying any OHC available to applicants/beneficiaries, transmitting OHC to CDHS, and providing general OHC information to applicants/beneficiaries. OHC information is transmitted to CDHS by coding submitted to MEDS or by sending the information on form DHS 6155 to CDHS.

A. Identify OHC

1) Review Statement of Facts MEM 15A.5

The worker must review the applicant/beneficiary's MC 210 to determine if there is a positive response to the question about having private health insurance. If there is a positive response, go to procedures in C. and D. below. If there is no positive response to having private health insurance on the MC 210, but the applicant/beneficiary is or was recently employed; has health insurance available through an employer or family member's employer, but has not enrolled; retired; serves or served in the military; or there is an absent parent, proceed to 2). If there is no positive response and non-availability of insurance is determined, there is no need to complete the DHS 6155.

2) Ask Questions to Identify OHC

Appendix C provides a series of key questions to be used to explore potential OHC available to the applicant/beneficiary.

B. Inform Applicants/Beneficiaries

1) Reporting OHC Does Not Affect Medi-Cal Eligibility

Inform applicant/beneficiaries that having and reporting OHC does not in any way interfere with their eligibility for, or use of, Medi-Cal benefits. Under federal law, Medi-Cal providers cannot deny care because a beneficiary has OHC.

2) Do Not Advise Applicants/Beneficiaries To Drop OHC

The only exception is if they are on Medicare. Federal law requires us to inform them they do not need Medigap insurance.

3) Responsibilities to Report and Apply for/Retain Employer Related Health Coverage Benefits

Advise applicants/beneficiaries that federal law requires an individual, as a condition of Medi-Cal eligibility, to report employer related health insurance benefits available to him/her. The Medi-Cal program may pay the premium if it is determined to be cost effective. Forward any information obtained from applicants/beneficiaries with available employer related health insurance to CDHS, Health Insurance Premium Payment Program for review of cost-effectiveness (refer to Item 7).

4) Responsibility to Report and Repay Medi-Cal for Services Received Under Medi-Cal but Reimbursed by Insurance

a) Forward reimbursement payments to:

California Department of Health Services
Third Party Liability Branch – MS 4719
P.O. Box 997424
Sacramento, CA 95899-7422

b) Beneficiaries should endorse checks from insurance carriers as follows:

- Name of Payee -- Party to whom the check is made payable. Signed either by the payee or his/her agent.
- Medi-Cal Identification Number of Beneficiary -- This may be a person different than the one who received the check.
- "For Deposit Only to Health Care Deposit Fund" -- This will ensure that the check will be properly applied to the State fund only.

c) Beneficiaries must enclose with the check the date(s) of service, the provider's name, and a daytime phone number where they can be reached.

C. OHC Codes for MEDS

1) Exemptions to OHC Coding

MEM Proc. 15A

The following types of medical coverage are excluded from the OHC coding requirements and from completion of the Health Insurance Questionnaire form DHS 6155:

c) Medicare. Except Medicare HMO which must be coded with an "F" and a DHS 6155 must be submitted. If the Medicare HMO is identified by CDHS, there is no need to submit the DHS 6155 but the OHC "F" still needs to be entered.

ACWDL 96-26

b) Most Veterans' Administration (VA) benefits, but not CHAMPUS.

c) Accident, automobile, burial and life insurance benefits.

d) Coverage under insurance plans which have contracted with the SDHS to provide Medi-Cal services to eligible beneficiaries. These are Health Care Plans (HCPs) available to AFDC recipients in San Diego county (see MPG Article 14, Section 3 for information about these plans). These plans are listed in Appendix A.

e) Disability and Workers' Compensation benefits.

f) Coverage Considered Unavailable

In the following situations, coverage will be considered unavailable:

(1) The parent or guardian refuses to provide the necessary information due to "good cause." Good cause exists when cooperation in securing medical support and payments, establishing paternity, and obtaining or providing information concerning liable or potentially liable third parties from the absent parent can be reasonably anticipated to result in serious physical or emotional harm to the child for whom support is to be sought or to the parent or caretaker with whom the child is living, or;

MEM PROC 15A4

(2) The absent parent cannot be located; and

(3) Any coverage to which a child may be entitled when the child is applying for minor consent services. The obligation to utilize OHC before Medi-Cal is modified in those situations where utilization of OHC would violate a person's right to confidentiality regarding his/her Medi-Cal status; such as minor consent.

2) Cost Avoidance Coding

The state has two methods for utilizing OHC information on Medi-Cal beneficiaries. These are the Cost Avoidance (see a) and b) below) and Post Recovery methods (see c) below). Under the post recovery method, Medi-Cal pays and then bills the other health coverage. Under the cost avoidance method, the provider must bill the other health coverage prior to billing Medi-Cal. Claims for beneficiaries with cost avoidance coverage will not be paid by Medi-Cal without an Explanation of Benefits (EOB) from the other coverage company. The EOB lists payments made for any part of the medical services which were covered by the beneficiary's policy.

Cost avoidance OHC codes on Medi-Cal cards alert the providers to the fact that the beneficiary has other health insurance that must be billed before Medi-Cal. Scope of coverage codes tell providers what services are covered. ACWDL 91-38

a) CDHS Placement of Cost Avoidance OHC Codes on MEDS

CDHS places cost avoidance OHC codes on MEDS as a result of information received in computer matches with certain health insurance companies.

b) Effective Dates of OHC Codes ACWDL 97-16

When the worker determines that the use of a OHC code is appropriate, the effective date of the OHC code is determined as follows:

(1) New Applicants

The effective date of OHC codes for new applicants will be the first month of eligibility.

(2) Redeterminations

The effective date of the OHC codes for redeterminations will be the future month.

c) When a client reports that he/she lives outside the service area of the health plan with which he/she has coverage, or must travel more than 60 miles or 60 minutes to receive care from the plan, a OHC "A" has to be entered. This "A" coding will allow the state to recover claims paid for emergency service by Medi-Cal for individuals residing out of their plan's service area. A DHS 6155 also needs to be completed and sent to CDHS for a person who has other health coverage but resides outside the health plan's service area, or must travel more than 60 miles or 60 minutes to receive care. In this case, a statement "Outside Health Plan Area" will be noted in question number 1, next to the insurance carrier's name. "A" is the only post-recovery code. ACWDL 95-54

d) DHS Placement of Scope of Coverage Codes — ACWDL 91-38

DHS places "Scope of Coverage" codes on MEDS from the information on the DHS 6155, Question 10. These codes will appear on the Medi-Cal record. The provider will then know whether to bill the other health coverage or Medi-Cal.

e) Match Reports Sent to Counties

Although MEDS records are updated by the State as a result of tape matches with insurance companies, this does not automatically update the county's CDS records. CDHS will periodically send tape match listings to the county so that county records can be updated. The listings are referred to as "Other Health Coverage Indicator Change Reports."

(1) Worker Actions

Upon receipt of the Other Health Coverage Indicator Change Report, the worker must change the OHC code on the automated system. The reports will include the cost avoidance OHC code for the policyholder only. Dependent data is not included in the tape matches. — County Policy

(2) Dependent Coverage

At the next redetermination following receipt of an Other Health Coverage Indicator Change Report which indicated coverage, the worker must determine if dependents of parent(s) identified in the tape matches are also covered by the same insurance policy. The appropriate OHC code must be entered on the automated system for each covered dependent. If the beneficiary claims that the dependent(s) is not covered by the insurance policy, the worker must document this in the case narrative. — County Policy

3) Removal of OHC Codes

a) Beneficiary Has No Other Coverage

Effective August, 1994, OHC terminations for all Medi-Cal recipients including SSI/SSP eligibles must be verified.

(1) Acceptable Verification — ACWD 94-59

(a) A payroll pension check stub showing the deductions for private health insurance have ceased.

(b) An Explanation of Benefits from the insurance carrier showing the date the policy terminated.

(c) A termination letter from the insurance carrier and/or employer showing the date the policy terminated.

(d) An affidavit signed by the Medi-Cal beneficiary stating that he/she no longer has, or never had, OHC. This affidavit should also include the date the policy terminated if known.

(2) Required Actions

(a) MEDI-CAL Cases

When a recipient informs his/her worker that his/her OHC has terminated, the worker will:

[1] Request one of the above acceptable verifications.

[2] Update the case copy of the DHS 6155 showing the policy termination date (in red).

[3] Attach a copy of the termination verification to the updated DHS 6155 and mail to California Department of Health Services.

[4] Retain copies of the updated DHS 6155 and the verification for the case record.

[5] If the termination letter indicates that continuation of medical benefits is available under COBRA law, and the beneficiary has a high cost medical condition, the worker should complete a DHS 6155 and send it to:

California Department of Health Services
Health Insurance Premium Payment Unit – MS 4719
P.O. Box 997422
Sacramento, CA 95899-7422

[6] Reevaluate the case budget if the premium is no longer paid by the beneficiary.

[7] Change the OHC code to "N" in the case record.

NOTE: In lieu of using the DHS 6155 workers also have the option of making Termination of Coverage requests by the following methods:

- Toll Free Telephone Line 1-800-952-5294
- Fax requests 916-650-6585 or 916-650-6582

Termination requests must include the CIN, insurance information, date of birth, termination date and carrier code (if

known). If these alternate methods are used, the actions must be narrated in the case file (see Appendix F).

(b) SSI/SSP Clients

When an SSI/SSP recipient informs the MEDS clerk that his/her OHC has terminated, the MEDS clerk will refer the SSI/SSP client to the SSI/SSP liaison. The liaison will:

[1] Contact Third Party Liability via 1-800-952-5294 and CDHS will remove the OHC via a MEDS transaction. ACWDL 03-39

and/or

[2] Ask the SSI/SSP recipient to provide one of the above acceptable verifications.

[3] Complete a DHS 6155.

[4] Attach the termination verification to the completed DHS 6155 showing the termination date.

[5] Send both documents to California Department of Health Services. ACWDL 00-25

[6] CDHS will remove the OHC code with a MEDS transaction.

(c) Immediate Need Cases

When a Medi-Cal beneficiary indicates that an incorrect OHC code is interfering with needed medical services, the following procedures will be used.

[1] Ask the beneficiary to provide one of the above acceptable verifications.

[2] Call 1-800-952-5294 to request a termination of OHC. Be sure to include the following information: ACWDL 03-39

- The CIN number
- The beneficiary's date of birth
- The termination date
- The insurance information
- The carrier code (if known)

and/or

[3] Ask the beneficiary to provide one of the above acceptable verifications.

[4] Complete a DHS 6155.

[5] Fax the verification and DHS 6155 to CDHS, OHC Department, at (916) 650-6582. Mark **urgent** on the fax coversheet for expedited processing.

[6] After sending the fax, mail the verification and DHS 6155 to CDHS as instructed in 2a above.

[7] EW 15 and EW 55 may not be used to remove OHC codes from MEDS records, as the EW15 and EW55 transactions are used for card generation only. To remove the OHC code for an immediate need request, staff must contact Third Party Liability's Health Insurance Section at 1-800-952-5294. ACWDL 03-39

(d) Healthy Families (HF) Indicator Code "9" ACWDL 00-25

HF OHC code "9" cannot be changed in MEDS with any type of county transaction. Any inquiries regarding HF OHC code "9" must be directed to HF at (800) 880-5305.

b) Beneficiary Has Other Coverage

If the beneficiary informs the worker that the OHC has ended and the beneficiary now has other medical coverage, the worker must terminate the existing coverage using one of the following methods:

- Submit an updated DHS 6155 showing the policy termination date (in red) to DHCS.
- The automated batch system (CalWIN entries).
- Toll Free Telephone Line 1-800-952-5294.
- FAX requests 916-650-6585 or 916-650-6582

c) Beneficiary Reports Modifications to Current OHC

Workers should us the toll free telephone number (1-800-952-5294) or a fax transmission (1-916-650-6585 or 1-916-650-6582) to report modifications to OHC. The form DHS 6155 should not be used to report modifications to OHC. Modifications may include:

- Beneficiary name or address
- Carrier contact information
- Scope of coverage
- Policy information
- Dependants

4) Multiple Cost Avoidance or PHP/HMO/CMP Other Health Coverage

If a client has multiple policies, one of them is a PHP/HMO/CMP, use the appropriate PHP/HMO/CMP code (K, C, P or F). Otherwise, assign the appropriate cost avoidance code for carrier that provides the most comprehensive coverage.

D. Completion of Form DHS 6155 ACWD 89-31 89-60 89-89

Recipients who indicate that they have any medical coverage not listed in either 5.C.2) above, must complete a form DHS 6155. This form is sent to SDHS to identify OHC. Recipients who have cost avoidance codes added retroactively must complete a form DHS 6155 to show the onset date of OHC.

1) Worker Responsibilities For Providing Form DHS 6155

a) Give form DHS 6155 to any client who has any other health coverage to complete at application or renewal.

b) Send form DHS 6155 to the beneficiary for completion when a beneficiary reports a change in their OHC. The beneficiary is to be allowed 20 days to complete and return the form as in c), above.

c) Give the applicant form DHS 6155 to complete when a returned IEVS abstract reflects employment not previously known. If the form is completed showing OHC, mark "IEVS" in red in the upper right corner of the form. If the unreported employment is discovered by OSU, OSU will let the worker know that a DHS 6155 must be sent to the client.

NOTE: Workers will advise the client to complete and sign the DHS 6155 when possible. However, if it is not practical for the client to complete and sign the DHS 6155, the worker may obtain other health coverage information over the telephone and complete the DHS 6155 without the client's signature. ACWD 95-56

2) Worker Responsibilities for Processing Form DHS 6155

a) Check the form for completeness when returned by applicant/beneficiary. Be sure the policy holder's social security number is provided. The client's signature/date is not required for SDHS to process.

b) Give the client 10 days to return the complete form if all the information is not complete or is unavailable. If not returned within 10 days, send correspondence NOA 936 giving the applicant an additional 10 days to respond prior to denying the case.

c) On DED referrals, hold form DHS 6155 in the pending case and send it to the State only if the case is granted Medi-Cal.

d) If the applicant checks three of the first four coverage categories (hospital stays, hospital outpatient, doctor visits and prescription drugs) in question #10, code the case on MEDS for cost avoidance (see IM-EDP, Section 5).

e) If the applicant indicates PHP/HMO coverage or answers 'yes' to question #2, code the case on MEDS for PHP coverage (see IM-EDP, Section 5).

f) Retain a copy of the completed form DHS 6155 for the case file. Copies are to be filed under the "medical" tab in the financial folder.

g) Forward form DHS 6155 to the CMS Administrative Contractor at M.S. P556, for CMS only cases or cases in which the only persons covered by the OHC are CMS eligibles.

h) Notify the Medi-Cal Health Insurance Unit whenever a granted case has changes in the FBU or person number, or when Aid Code changes by 10's (i.e., 10 to 20, 30 to 80, etc.) for a beneficiary covered by medical insurance. To do this, the worker should photo-copy the case copy of form DHS 6155, make the changes in RED, and forward the copy to DHS by normal procedure. This is to allow the Insurance Unit to find the current MEDS record. A copy of the updated form will also be filed in the case.

i) Deny/discontinue the case if the applicant/recipient does not return the completed form DHS 6155 timely. Form DHS 6155 may be rejected because of the following reasons:

(1) The applicant or person completing the Statement of Facts, failed to provide necessary verification; or

(2) Lack of cooperation with the county department in resolving incomplete, inconsistent, or unclear information on the Statement of Facts.

E. DHS 6155 Returned by the State

Occasionally the State will return form DHS 6155 to the county. The returned forms are sent to Program & Policy Development Division prior to being sent to the worker of record.

1) The most common reason for returning the forms are:

a) The 14-digit Medi-Cal identifier is missing or incorrect; or

b) There is insufficient information regarding the insurance policy and/or the policy holder; or

c) The OHC is for CMS eligibles only.

2) When form DHS 6155 has be returned, the worker should take the following actions:

a) If returned for reason 1)a), above, the worker should add or correct the 14-digit identifier;

b) When the person indicated on the form with no ID is not covered by the OHC, place a line through their name. This indicates to the State that the person is not covered by the OHC. Return the completed form to the State Recovery Branch;

c) If returned for reason 1)b), above, the worker should contact the recipient to obtain the information. If the information is unavailable, the worker should note this on the form and return to the State Recovery Branch.

F. Counties with Medi-Cal Managed Care/County Organized Health System ACWDL 96-24

Counties must continue to report OHC to CDHS even if there is a Medi-Cal Managed Care plan or County Organized Health System (COHS). This allows CDHS to:

1) Cost avoid and retrobill the private insurance company for health services rendered to the beneficiary before Managed Care/COHS enrollment.

2) Immediately begin cost avoiding Medi-Cal services should a beneficiary disenroll from a Managed Care/COHS plan because of intra-county transfer, change of aid type, or exceeding the plan's allowed maximum benefits.

3) Provide OHC information to the Managed Care/COHS plans and their providers through the MEDS and the automated eligibility verification process, thus allowing the plans to coordinate benefits with the OHC.

4) Provide OHC data to out-of-county providers.

6. STATE PAYMENT OF THE MEDICARE HMOs INCREASED PREMIUM AMOUNTS FOR SELECTED FULL-SCOPE MEDI-CAL BENEFICIARIES

The California Department of Health Services (CDHS) began paying the January 1, 2001 Medicare HMO premium increases, which are not covered by Medicare, for certain Medi-Cal beneficiaries enrolled in selected Medicare HMO Plans. CDHS's Third Party Liability (TPL) Branch determined that it would be more cost effective to have Medi-Cal pay the increased HMO premiums for eligible beneficiaries receiving both Medi-Cal and Medicare rather than have them disenroll and obtain their medical care on a fee for service basis. ACWDL 01-28

A. A Medicare beneficiary is eligible to have their increased Medicare HMO premium paid by the State if he/she is:

- A full-scope Medi-Cal beneficiary, including both Share-Of-Cost (SOC) and non-SOC beneficiaries,
- Enrolled in one of the Medicare HMO plans affected by this change, and
- Enrolled in a plan that includes both brand name and generic drugs.

Note: Beneficiaries of the Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB) Program or Qualified Individual (QI) Programs, who are not receiving Medi-Cal, are not eligible to have the increased Medicare HMO premium paid by the State.

B. Affected Health Plans

Beneficiaries who meet the eligibility criteria and belong to the following Medicare HMOs will have the increased premium paid by the State:

- Blue Shield
- Blue Cross
- Health Net
- Pacificare
- Kaiser

C. Listing of Eligible Medicare Beneficiaries

ACWDL 01-28

CDHS has compiled a monthly listing identifying Medicare beneficiaries who will have their increased Medicare premium paid by the State. The listing, entitled "Medicare HMO Members - Premiums Paid by Medi-Cal," is produced for each county in alphabetical order by the beneficiary's last name. This report will be distributed to Family Resource Centers (FRCs) with granted Medi-Cal staff to confirm the premium payment when responding to beneficiary inquiries. Medicare beneficiaries with questions regarding their payment status may call the TPL's toll free number, (866) 227-9863.

D. Worker Procedure

Medicare HMO premiums will be treated as follows according to MPG 10-6-3L:

- The increased Medicare HMO premium will be treated as a health insurance deduction if the Medicare beneficiary provides proof that he/she is paying the premium and the individual is not identified on the listing.
- The increased Medicare HMO premium will be removed as a health insurance deduction if information is received that the State is paying the premium.

All case action taken because of the increased Medicare HMO premium must be documented in the case file.

7. THE HEALTH INSURANCE PREMIUM PAYMENT PROGRAM (HIPP) ACWDL 90-23 & 95-72

The California Department of Health Services (CDHS) is authorized to pay health coverage premiums on behalf of medical beneficiaries whenever it is cost effective. Paying these premiums for high cost medical users will result in reducing Medi-Cal costs. County eligibility staff are responsible for identifying the existence or availability of private or group health insurance and assisting Medi-Cal beneficiaries in completing the Health Insurance Questionnaire, Form DHS 6155. Information from the DHS 6155 is used to help the California Department of Health Services evaluate for HIPP. CDHS will notify the county on form DHS 6036A if it will be paying the health care premiums. When the county is notified that the beneficiary has been accepted to the HIPP program, the worker will review the share of cost and recompute it if necessary.

A. A person is potentially qualified for HIPP if:

1) There is current Medi-Cal eligibility.

2) There is a Medi-Cal share of cost of $200 or less. ACWDL 91-08

3) There is a high cost medical condition for which the average Medi-Cal covered monthly cost is twice the amount of the monthly health insurance premium, or the medical condition is one of those listed in Appendix E. ACWDL #I-97-15

4) There is a current private or group health insurance coverage, or COBRA continuation, or a conversion policy, in effect or available.

5) Application is made in a timely manner.

6) The policy does not exclude the high cost medical condition.

7) The premiums are not the responsibility of an absent parent.

8) There is no enrollment in a Medi-Cal related pre-paid health plan.

9) The client's health insurance policy must not be issued through the California Major Risk Medical Insurance Board. ACWDL 95-71

B. County responsibilities are:

1) Issue a DHS 6155 (Health Insurance Questionnaire) to the beneficiary to complete during the application and redetermination process when the beneficiary indicates:

a) That private or group health insurance is available, but has not been applied for, or

b) That he/she is about to terminate health insurance coverage, or

c) That his/her health insurance coverage has lapsed.

2) Assist the beneficiary in completing the Health Insurance Questionnaire (DHS 6155 - see Appendix B1). In Section I on the form, list the beneficiaries currently covered by the health insurance policy. In Section II, complete 1-11. Because it must be cost effective in order for the HIPP (or EGHP) program to pay the premiums, it is especially important to provide the name and type of illness of the beneficiary receiving medical treatment in the No. 9 area of the form.

3) Retain a copy of the DHS 6155 in the case folder.

4) Advise the beneficiary that private health insurance must be used prior to using Medi-Cal.

5) Tell the beneficiary that DHS may require that Medi-Cal eligibles with existing third party coverage participate in HIPP if it is cost effective for the Department.

6) Mail the DHS 6155 (Health Insurance Questionnaire) within five days to:

California Department of Health Services
Medi-Cal Third Party Liability Branch
HIPP Unit
MS 4719
P.O. Box 997422
Sacramento, CA 95899-7422

ACWDL 93-37

(Indicate in red that this is an HIPP referral in the upper, right-hand corner of the DHS 6155.)

7) After the County receives a confirmation notice from the California Department of Health Services that the beneficiary has been accepted to the HIPP program, recompute the beneficiary's share of cost if necessary.

8. EMPLOYER GROUP HEALTH PLAN (EGHP)

The Omnibus Budget Reconciliation Act of 1990 (OBRA 90) mandated, effective January 1, 1991, that states pay health insurance premiums, deductibles, and co-payments for Medi-Cal recipients who are eligible for enrollment in an employer group health plan when it is cost effective.

ACWDL 93-37

In order to qualify for the EGHP program, the client must meet all the conditions listed in 6A, and the health insurance must be available through an employer.

The state may also pay only the premiums for a non-Medi-Cal eligible, if the Medi-Cal eligible's enrollment in the health plan is dependent on the non-Medi-Cal eligible's enrollment.

ACWDL 91-94

Worker Procedure

A. Issue a Health Insurance Questionnaire (DHS 6155) at application and redetermination if the applicant/beneficiary indicates:

   1) He/she or a family member is employed and the employer related heath insurance is available, but has not been applied for.

   2) He/she or a family member has health insurance but plans to drop it.

B. Assist the client in completing the Health Insurance Questionnaire (DHS — see Appendix B2). List the beneficiaries who could be covered by the health plan in Section I on the form, indicate the name of the available health plan, the name of who the policy-holder would be (who is employed), and the name and address of the employer. Check the No. 6 box indicating "Medical coverage available through employer, but has not been applied for." Because it must be cost effective in order for the EGHP program to pay the premiums, it is especially important to provide the name and type of illness of the beneficiary in the No. 9 area of the form. ACWDL 95-71

C. Advise the client that if health insurance coverage is available at no cost to the beneficiary, the beneficiary must enroll.

D. Mail the completed DHS 6155 within 5 days to the California Department of Health Services. Notate in the upper, right-hand corner EGHP. Send the EGHP forms in a separate envelope to:

   California Department of Health Services
   HIPP/EGHP
   P.O. Box 997422
   Sacramento, CA 95899-7422

E. Notify CDHS immediately by calling 1 (866) 298-8443 if the worker learns that a beneficiary has withdrawn from enrollment in a state-paid health plan. The state will then verify the beneficiary's disenrollment and notify the County to discontinue Medi-Cal. Worker should not discontinue any Medi-Cal cases unless they are notified by the state.

9. STATE DEPARTMENT OF HEALTH SERVICES RESPONSIBILITIES FOR HIPP/EGHP

A. Review the DHS 6155 to determine if it is cost effective for the state to purchase the health insurance.

B. Notify the County if the state intends to approve or deny payment of health insurance.

C. Make payments to insurance carrier, employer or beneficiary as appropriate.

D. Update MEDS with the appropriate other health coverage code. If the Medi-Cal beneficiary is enrolled in either the HIPP or EGHP program, the source field will indicate either "HIPP" or "EGHP."

E. Re-evaluate premium payment cases periodically for cost-effectiveness, and notify the County if payment is discontinued.

F. Notify the County when it is verified that a beneficiary has discontinued enrollment in an approved health plan and request the County to give notice and discontinue Medi-Cal eligibility.

10. PROCEDURES FOR DISCONTINUING BENEFICIARIES WHO FAIL TO COOPERATE WITH HIPP/EGHP REQUIREMENTS — ACWDL 93-37

When premium payment by HIPP/EGHP is found to be cost effective and the California Department of Health Services has started premium payments, the worker must discontinue Medi-Cal eligibility if the beneficiary terminates enrollment in the purchased health insurance without CDHS' approval. CDHS will send the beneficiary's worker a HIPP1 form notifying him/her that the beneficiary has canceled the state paid insurance. When the HIPP1 form is received, the worker will:

1) Change the beneficiary's PC code on the J line of the computer document to "M" as client is ineligible; and

2) Send beneficiary a timely NOA - DHS 6193.

Once the beneficiary receives the notice of action from the worker, he/she has the right to request a State Hearing regarding the discontinuance of benefits. The State will provide a position statement pertaining to the California Department of Health Service's testimony for the State Hearing.

11. HEARINGS ON APPEALS FOR DENIALS OF ENROLLMENT OR TERMINATION FROM THE HIPP AND EGHP PROGRAMS — ACWDL 95-82

Because a beneficiary's eligibility for and level of service under the Medi-Cal program is unaffected by a decision to deny or terminate participation in either the HIPP or EGHP program, the California Department of Social Services (CDSS) Administrative Adjudications Division (AAD) will discontinue providing hearings on appeals for denials of enrollment or termination from the HIPP and EGHP programs.

Upon request for filing of an administrative hearing, AAD will deny scheduling an administrative hearing and notify the claimant that HIPP/EGHP cases which are denied from enrollment or terminated from either program are not appealable.

12. QUESTIONS AND ANSWERS

Q.1: When the ET submits a HIPP or EGHP referral on the DHS 6155 to the California Department of Health Services (CDHS), does that take the place of an application for either program? — ACWDL 95-71

A.1: No. By submitting the DHS 6155 to CDHS the ET has simply made a referral to CDHS for the HIPP or EGHP program. If CDHS determines after initial screening that the client appears to meet the requirements for either program, an application package will be sent directly to the client by SDHS.

Q.2: Will the HIPP or EGHP program pay for health insurance premiums that are past due?

A.2: No. The HIPP or EGHP program does not make payments for premiums that are past due.

Q.3: A Medi-Cal beneficiary's child (who is Medi-Cal eligible) has an absent parent who is supposed to pay for the child's health insurance, but does not. Can the HIPP or EGHP program pay the premiums, as the child has a high cost medical condition?

A.3: No. The HIPP or EGHP program cannot purchase or pay any health insurance premiums for a Medi-Cal beneficiary when an absent parent has been ordered by the court to provide medical support.

Q.4: What kind of documentation will the client need to submit to CDHS to be enrolled in either the HIPP or EGHP program and does the ET need to notify the beneficiary of the required documentation?

A.4: CDHS will notify the Medi-Cal beneficiary of information needed. For your information, the following documentation will be required:

a. A fully completed and signed Health Insurance Premium Payment Application form (DHS 6172).

b. A copy of the health insurance policy (i.e., booklet, pamphlet, or brochure) describing the health plan's scope of benefits.

c. A copy of a doctor's statement of diagnosis (signed and dated by a physician).

<u>If the Medi-Cal beneficiary has health insurance</u>:

(1) A copy of Explanation of Benefits (EOBs) from the health insurance company which details medical costs for a period of six months prior to the month of application.

(2) A copy of the latest premium payment notice or signed COBRA election form showing (a) where the premium is to be sent; (b) the exact amount of the premium; (c) the date the premium is due; and (d) the period of coverage (i.e., monthly, quarterly, etc.).

<u>If the Medi-Cal beneficiary does not currently have health insurance but health insurance is available through an employer</u>:

A statement from the employer (or employer's insurance carrier) indicating the premium cost.

NOTE: CDHS will obtain probable future medical cost information from the beneficiary's physician to determine cost effectiveness.

Q.5: The Medi-Cal beneficiary informs the ET that his/her health insurance lapsed within the last few months, and the beneficiary does have a medical condition. Can the ET still make a HIPP or EGHP referral?

A.5: If the beneficiary has a medical condition, but his/her health insurance lapsed within the last 60 days, submit a HIPP or EGHP program referral. If the case appears cost effective, CDHS will contact the insurance company and find out if it's possible to re-obtain the insurance.

Q.6: Is there a phone number where the beneficiary can reach either the HIPP or EGHP program?

A.6: Yes. To reach the HIPP or EGHP program, the beneficiary can call toll free 1-866-298-8443, Monday through Friday, 7:30 A.M. to 5:00 P.M.

Q.7: Why would a Medi-Cal beneficiary want to retain their private health insurance while on Medi-Cal?

A.7:

a. Beneficiaries can continue health care from their current medical provider.

b. Beneficiaries can receive greater access to medical care by having private health insurance and Medi-Cal.

c. The private health insurance carrier may pay for some services that Medi-Cal does not cover.

d. Private health insurance copayments and deductibles may be paid by Medi-Cal. The provider bills the insurance first and then can bill Medi-Cal for the balance once the beneficiary has met his/her SOC. Providers cannot bill Medi-Cal beneficiaries for the cost of covered services.

e. If a Medi-Cal beneficiary has private health insurance, a provider may be willing to treat them as a private pay patient. Some providers are not taking new Medi-Cal patients. The beneficiary's doctor may choose to continue the medical treatment if he/she knows that the beneficiary has private health insurance.

f. If a Medi-Cal beneficiary drops the private health insurance because of Medi-Cal eligibility, it is often time very difficult or impossible to re-obtain private health insurance, particularly if the beneficiary has a pre-existing medical condition. The HIPP or EGHP program allows Medi-Cal beneficiaries to obtain/retain private health insurance, at no cost.

APPENDIX A

15-1-A1

SAN DIEGO COUNTY HCPs

Do Not Complete Form DHS 6155

Do Not Code as OHC

San Diego Plans for AFDC Recipients

PHP

Community Health Group (HCP #029)
740 Bay Blvd.
Chula Vista, CA 91910

Foundation Health (HCP #068)
333 S. Arroyo
Pasadena, CA 91105

Kaiser (HCP #079)
4405 Vandever
San Diego, CA 92120

Sharp Health Plan (HCP #013)
9325 Skypark Court, Suite 300
San Diego, CA 92123

PCCM

Pro Care (HCP #803)
2525 Camino del Rio South, Suite 300
San Diego, CA 92108

Compcare Health Plan (HCP #808)
3200 Fourth Avenue, Suite 200
San Diego, CA 92103

State of California – Health and Welfare Agency | Department of Health Services

HEALTH INSURANCE QUESTIONNAIRE

Please provide all the information requested and return this form to your eligibility worker. Use and attach a copy of your insurance policy, membership card, or any other aid to help complete this questionnaire. PLEASE TYPE OR PRINT. DO NOT ABBREVIATE. Additional instructions and information collection and access are on the reverse. If you have any questions about completing this form or require Spanish translation, call toll-free 1-800-952-5294 (7:30 a.m. to 5:00 p.m.).

COMPLETE THIS FORM FOR ANY HEALTH INSURANCE, INCLUDING MEDICARE SUPPLEMENTS, PREPAID HEALTH PLANS/HEALTH MAINTENANCE ORGANIZATIONS, OR CHAMPUS. HAVING PRIVATE HEALTH INSURANCE DOES NOT AFFECT YOUR MEDI-CAL ELIGIBILITY; HOWEVER, FAILURE TO REPORT OTHER HEALTH INSURANCE MAY BE CAUSE FOR TERMINATION OF YOUR MEDI-CAL ELIGIBILITY.

Case Name	**FOR COUNTY USE ONLY**	**STATE USE ONLY**	
	Worker Number	Verified By	
Case Address	Date	Date	Initials
	Worker Telephone Number ( )	Date	Initials
Initial Intake ❑ Redetermination ❑ HIPP ❑	***Optional*** Dist. No.	Scope	CC #

SECTION I: Beneficiary Information *LIST ALL PERSONS, INCLUDING UNBORNS, ON MEDI-CAL AND COVERED BY HEALTH INSURANCE POLICY*

OHC	Beneficiary Name (First, Middle, Last)	Social Security Number	Sex	Date of Birth	14-DIGIT MEDI-CAL NUMBER: Co. Code	Aid Code	Case Number	FBU	Pers. No.
		– –							
		– –							
		– –							
		– –							
		– –							
		– –							

SECTION II: Health Insurance Information

1. What is the name and address of your health insurance company? Include street number, city, state, and ZIP. Do not use abbreviations.
   Name:
   Address:
   City, State, ZIP:
2. Do you have to obtain medical services from a specific facility or a group of providers? (PHP/HMO/PPO) ❑ Yes ❑ No
3. Where do you send your claims?
   Name:
   Address:
   City, State, ZIP:
4. What is the full name, address, phone number, and SSA number of individual, employee, union member, or person to whom the insurance policy was issued?
   Name: ..... Social Security Number:
   Address: ..... Telephone Number: ( )
   City, State, ZIP: Absent Parent? ❑ Yes ❑ No
5. What is the policy number:
6. What are/were the dates of your policy? Beginning Date: Ending Date (If applicable):
   ❑ Medical coverage available through employer, but has not been applied for.
7. Premium Amount: $..... ❑ Monthly ❑ Quarterly ❑ Yearly
   How are premiums paid? ❑ By Insured to Insurance Carrier ❑ By Employer ❑ By Payroll Deduction
8. Give name of union; employer, group, organization, or school, address, and telephone number.
   Name: ..... Local or Group Number:
   Address: ..... Telephone Number: ( )
   City, State, ZIP:
9. Does any covered beneficiary have an acute, chronic, or pre-existing illness that requires him/her to see a physician? ❑ Yes ❑ No
   If yes, please specify the illness:
10. Does your health insurance provide or pay for: (Check *all* that apply.)
    ❑ Hospital Outpatient (i.e., lab work/physical therapy) ❑ Prescription Drugs ❑ Long Term Care/Nursing Home
    ❑ Hospital Stays ..... ❑ Dental Care ❑ Only specific illness (i.e., cancer)
    ❑ Doctor Visits ..... ❑ Vision Care Type of illness:
11. Is the policy a Medicare Supplement? ❑ Yes ❑ No

Remarks:

"By signing this document, I hereby authorize the Department of Health Services to obtain, if needed, any information regarding my private health insurance coverage, including payments and/or benefits for medical care made on my behalf, to be used in determining whether the Department will pay my private health insurance premium."

Signature of Applicant	Home Telephone ( )	Work Telephone ( )	Date

RETURN COMPLETED FORM TO: RECOVERY BRANCH, P. O. BOX 997422, SACRAMENTO, CA 95899-7422

Original – State ***Yellow – County File*** ***Pink (Extra Copy – District Attorney-Beneficiary)***

DHS 6155 (10/90)

APPENDIX C

QUESTIONS TO IDENTIFY POTENTIAL OHC

TO EXPLORE WORK RELATED QUESTIONS	YES	NO
Does your employer (or a family member's employer) provide a health insurance plan?	If applicant/beneficiary currently HAS health insurance through an employer (or family member's employer), complete the DHS 6155 with the current insurance information. If insurance is available, but applicant/beneficiary has not enrolled, complete the DHS 6155 as an Employer Group Health Plan (EGHP) referral.	Do not complete the DHS 6155.
Did your former employer (or a family member's employer) provide health insurance coverage within the last three (3) years?	Complete the DHS 6155 and provide the insurance beginning and ending dates.	Do not complete the DHS 6155.
Are you covered by your union's health insurance plan?	Complete the DHS 6155 with the health insurance information.	Do not complete the DHS 6155.
Were you covered by your union's health insurance plan within the last three (3) years?	Complete the DHS 6155 and provide the insurance beginning and ending dates.	Do not complete the DHS 6155.
Does an absent parent (or the absent parent's employer) provide health insurance coverage for you and/or your children?	Complete the DHS 6155.	Complete the CA2.1 Medical Support Referral packet. Do not complete the DHS 6155.
Did an absent parent (or the absent parent's employer) provide health insurance coverage for you and/or your children within the last three (3) years?	Complete the DHS 6155 and provide the insurance beginning and ending dates. Complete the CA2.1 Medical Support Referral packet also.	Complete the CA2.1 Medical Support Referral packet. Do not complete the DHS 6155.
Do you belong to any national organization (e.g., Foresters, Eagles, etc.)? Do you have health insurance through the organization?	Complete the DHS 6155 with the health insurance information.	Do not complete the DHS 6155.
Were you ever covered by insurance through any national organization (e.g., Foresters, Eagles, etc.) within the last three (3) years?	Complete the DHS 6155 and provide the insurance beginning and ending rates.	Do not complete the DHS 6155.

QUESTIONS TO IDENTIFY POTENTIAL OHC

IF THE APPLICANT/BENEFICIARY IS OVER AGE 65, RETIRED, OR DISABLED:	YES	NO
Do you have Medicare coverage?	If applicant/beneficiary ONLY has Medicare coverage and NO additional supplementary insurance plan, do not complete the DHS 6155.	
Do you have health insurance in addition to Medicare (such as a Medigap or Medicare supplement policy)?	Complete the DHS 6155 with the health insurance information. Inform person they do not need OHC.	Do not complete the DHS 6155.
Did you have health insurance in addition to Medicare within the last three (3) years?	Complete the DHS 6155 and provide the insurance beginning and ending dates. Inform person they do not need OHC.	Do not complete the DHS 6155.
Do you have health insurance through a pension or retirement plan?	Complete the DHS 6155 with the health insurance information.	Do not complete the DHS 6155.
Did you have health insurance through a pension or retirement plan within the last three (3) years?	Complete the DHS 6155 and provide the insurance beginning and ending dates.	Do not complete the DHS 6155.

APPENDIX C

QUESTIONS TO IDENTIFY POTENTIAL OHC

TO EXPLORE OTHER INSURANCE POSSIBILITIES:	YES	NO
Are you (or spouse or absent parent) enrolled in any educational program? If so, is health insurance available through a student health plan?	Complete the DHS 6155 with health insurance information.	Do not complete the DHS 6155.
Were you (or your spouse or absent parent) enrolled in any educational program that offered health insurance within the last three (3) years?	Complete the DHS 6155 and provide the insurance beginning and ending dates.	Do not complete the DHS 6155.
Are you (or your spouse or absent parent) in the military? DO NOT ASSUME THAT ONLY MEN HAVE SERVED IN THE MILITARY! If so, ask if military insurance is available to applicant/beneficiary and/or his/her dependent(s).*	If the applicant/beneficiary currently has insurance available through CHAMPUS, complete the DHS 6155 with the health insurance information. If insurance is available, but applicant/beneficiary has not enrolled, they should be instructed to contact the California Defense Enrollment Eligibility Reporting System (DEERS) Center at 1-800-334-4162 to find out how to go about enrolling for CHAMPUS benefits.	Do not complete the DHS 6155.
Were you (or your spouse or absent parent) in the military within the last three (3) years?*	Complete the DHS 6155 and provide the insurance beginning and ending dates.	Do not complete the DHS 6155.
*NOTE: Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) is a health benefits program for all seven uniformed services: The Army, Navy, Marine Corps, Air Force, Coast Guard Public Health Services, and National Oceanic and Atmospheric Administration. Covered persons include, but are not limited to: · Husbands, wives, and unmarried children of active-duty service members; · Retirees, their husbands or wives, and unmarried children; and · Unremarried husbands and wives and unmarried children of active duty or retired service members who have died.		
How have you paid for your medical care, prescriptions, and eyeglasses before now?	If the applicant/beneficiary indicates that these services have or are covered by insurance, complete the DHS 6155 with the health insurance information. Provide the ending insurance date if applicable.	

MEDS OHC Indicator Codes and Their Corresponding Health Coverage Type (Found on Primary Medi-Cal/CMSP Information Segment in MEDS)

OHC Code	Health Coverage Type
9	**Healthy Families**
F	**Medicare HMO**
K	**Kaiser HMO**
C	**CHAMPUS Prime HMO**
P	**Any Other PHP/HMO**
V	**Fee-for-Service Carriers (other than the above)**
A	**Pay-and Chase/Post Recovery**
L	**Any Dental Carrier**
N	**No other coverage**

NOTE: When a client is identified as having OHC, a HMO or Cost Avoidance coding will be entered except if the client is living outside the health plan's service area, or needs to travel more than 60 miles or 60 minutes to receive services from the plan. In this situation, a "A" Post Recovery code will be used.

MEDS OHC Source Code Corresponding to the Process or Entity that Made the Change to the MEDS OHC Code (Found on Other Health Coverage Segment in MEDS)

OHC Source Code on MEDS	Process that Changed the OHC Code on MEDS
C	**Updated from County Welfare Department**
F	**Updated from Healthy Families Vendor**
H	**Updated from Department of Health Services**
M	**MEDS assigned from the OHC update logic**
R	**Batch update from the Other Health Coverage Master File**
S	**Update from SSI/MEB**
T	**Tape to tape match with carriers and other sources**

Eligibility Worker (EW)* Transaction Types and Its Effect on OHC Code on MEDS

County Transaction Type	OHC Code Submitted By County	Existing OHC Code on MEDS	Status of Health Insurance Segment	UPDATED OHC Code on MEDS	UPDATED OHC Source Code on MEDS
Immediate Need Transaction {EW15 and EW55 (SSI cases)}	**N**	**Any (except 9)**	**Active or inactive segment(s)**	**N**	**C**
EW20 or EW30	**N**	**Cost avoidance (F, K, C, P or V)**	**One or more active segment**	**A**	**M**
EW20 or EW30	**N**	**Cost avoidance (F, K, C, P or V)**	**No active segment**	**N**	**C**
EW15, EW55, EW20 OR EW30	**Any (including N)**	**9**	**Active or inactive segment(s)**	**NO CHANGE (9)**	**NO CHANGE (F)**

Types and Purpose of EW* Transactions

Transaction Type	Transaction Used To	Purpose of Transaction
EW15	**Request Immediate Need Card Issuance**	**The EW15 transaction is used to request immediate need Medi-Cal identification card for the current or for any month within 12 months prior to the current MEDS month.**
EW20	**Add New Recipient Record**	**The EW20 transaction is used to add a new recipient to MEDS or to modify the eligibility information already on MEDS.**
EW30	**Modify MEDS Record (Individual)**	**The EW30 transaction is used to modify eligibility information, including current eligibility history and eligibility history for the prior twelve months of a recipient's MEDS record.**
EW55	**SSI/SSP Modify/ID Card Request**	**The EW55 is used when a SSI/SSP recipient is eligible on MEDS, but sex, birth date, other coverage, name and/or address is incorrect.**

* EW transactions are initiated via on-line requests submitted to the Family Resource Center MEDS clerks

LIST OF HIGH COST MEDICAL CONDITIONS FOR HEALTH INSURANCE PREMIUM PAYMENT (HIPP) PROGRAM

ACWDL I-97-15

IF...

any of your clients have one of these MEDICAL CONDITIONS, or any other medical condition that requires frequent or costly treatment;

AND...

the client has, or is eligible to apply for HEALTH INSURANCE;

PLEASE...

Annotate the top of a completed DHS 6155 (Health Insurance Questionnaire) with the letters **HIPP**;

And if you have questions...

CALL THE PREMIUM PAYMENT UNIT AT
1-866-298-8443

List of High Cost Medical Conditions:

AIDS
Anorexia Nervosa
Aplastic Anemia
AIDS Related Complex (ARC)
Arteriosclerosis
Asthma
Brain Tumors
Bulimia
Burkitt's Tumor
Cancer (any site)
Chronic Gastric Ulcer
Cirrhosis of Liver
Cystic Fibrosis
Diabetes
Down's Syndrome
Ebstein's Anomaly
Emphysema
Epilepsy
Heart Disease
Hemiplegia
HIV infection
HIV related Pneumocystis Carinii Pneumonia (PCP)
Hodgkin's Disease
Hypoglycemia
Kaposi's Sarcoma
Kidney Disorders
Leukemia
Lymphomas
Lupus
Malignant Renal Disease
Multiple Sclerosis
Organ Transplant (any site)
Osteoporosis
Paralysis
Parkinson's Disease
Poliomyelitis
Pregnancy
Profound Retardation
Pulmonary Tuberculosis
Quadriplegia
Reticulosarcoma
Retinal Disorders
Scoliosis
Sickle-Cell Anemia
Spina Bifida

Notifications to TPL Regarding Other Health Coverage

ACWDL 03-39

Methods	Type of Coverage			Time for Transaction
	New	Modify existing[1]	Terminate Existing[2]	
Health Insurance Questionnaire Form DHS 6155 (paper form)	YES	NO	YES	Up to 60 Calendar days
OHC Related Automated Batch Transaction[6]	YES	YES	YES	2-60 calendar days[3]
Toll Free Telephone Line 1-800-952-5294	NO	YES	YES[5]	2 business days[4]
FAX 1-916-650-6585 1-916-650-6582	NO	YES	YES	4 business days[4]

[1] Modifications allowed include carrier contact information, scope of coverage, policy information. Counties must include the following information in order to initiate change(s):

- Client index number
- Date of birth

Note: Change of health coverage requires termination of old coverage on one day and reporting of new coverage on the following state business day.

[2] Termination of coverage requests from counties must include the following information in order to complete the process:

- Client index number
- Date of birth
- Insurance information
- Termination date
- Carrier code (if known)

[3] Complete and accurate transaction will be verifiable within two days; however, incomplete or inaccurate transactions can take up to 60 days.

[4] Time for Transaction: County responsibility to view in MEDS to verify the requested transaction has occurred. If it does not occur in allotted time, report the problem via e-mail.

[5] For situations where the presence of the OHC indicator is a barrier to care or when good cause exists.

[6] CalWIN splits OHC Coding and Health Insurance Information into two different windows. Actual OHC Coding is entered on the Health Care Information tab on the Collect Individual Attributes Detail Window. Information received from the DHS 6155 form is entered on the Display Health Coverage Summary Window.